

DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard  
**CAREER DEVELOPMENT WORKSHEET**

EMPLID	Name (Last, First, MI)	Unit (Division)
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**PURPOSE:** Use this form to request change in pay grade, advancement/change in rating (*without participating in SWE*) and to report course completion, or add or delete a license or certification code.

**ADVANCEMENT**

**INFORMATION COMPLETED BY MEMBER**

**I Request:**     Advancement to pay grade:     Change advancement path to:     To be restored to my prior pay grade of: \_\_\_\_\_

E-2     E-3     E-4                     SN     FN

**INFORMATION COMPLETED BY UNIT**

**Unit Administration Office Eligibility Verification:**    The above member meets all the eligibility requirements for advancement as listed in the Enlisted, Accessions, Evaluations, and Advancement Manual, COMDTINST M1000.2 (*series*), effective on: \_\_\_\_\_ .

Verifying Officials Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Advancement Recommendations:**     YES     NO    Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(*member's chain of command*)

YES     NO    Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YES     NO    Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved:**     YES     NO    Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Commanding Officer / Officer in Charge*

**COURSE COMPLETION DATA**

**Complete the below information and attach copies of documentation proving course completion.**

Course Title	Course Code	Date Begun	Date Ended

**HONORS & AWARDS/LICENSES & CERTIFICATES**

**Enter honor, award, license, or certification information and attach copies of documentation proving eligibility.**

Honors & Awards/Licenses & Certificates ( <i>Title and code, if known</i> )	Effective Date	Add	Delete
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Privacy Act Statement:** In accordance with 5 USC Section 522a(e)(3), the following Information is provided to you when supplying personal information to the U. S. Coast Guard: Authority - 5 U.S.C. 301 Departmental Regulations. Principal Purpose(s) - Used to request a change in pay grade. Routine use(s) - Used to update and delete qualification codes, and to report course completion. Disclosure of this information is voluntary, however, failure to furnish the requested information will delay updating your personnel record.

Member's Signature		<b>For SPO Use Only</b>
Date		Action Completed: Date: _____
		Initials: _____